

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7		4		1		
8		4		1		
9		4		1		
10		4		1		
11		4		1		
12		4		1		
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TOTAL IND.	↓		2	↓		↓
TOTAL DEP.		↓	13	↓		↓
TOTAL CLAIMS			15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS